

Market Position Statement

FAMILIES AND WELLBEING: SERVICES FOR ADULTS

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1. Introduction and Strategic Context

1.1 What is the Market Position Statement and who is it for?

The Council wants a renewed dialogue on market capacity and capability with adult social providers, to identify together where pressure points exist and to decide on how innovation and best value can be achieved and if need be incentivised. The Council wishes to work with providers to develop a diverse and active market where innovation is encouraged and rewarded and where poor quality is actively discouraged.

As a first step, this Market Position Statement (MPS) is a document containing intelligence, information and analysis for adult social care providers within Wirral. It describes current and potential future demand and supply and outlines models of care the Council wishes to encourage.

The MPS covers markets of care commissioned directly by the Council (Care Homes, Day Services, Personal Support, Shared Lives Schemes) and markets not directly commissioned by the Council, i.e. those funded by self funders or personal budget holders.

The Council recognises that change needs to happen within the adult social care marketplace to meet future requirements. The MPS will support market transformations and new service configurations to enable:

- **A strategic shift to better support people at home**
- **Further development of enablement, reablement and intermediate care services**
- **Enhanced domiciliary care capacity with a same day responsiveness to new packages**
- **The ability to mobilise support to people in crisis**
- **Lower level early intervention and prevention services**
- **Increased housing with support options including extra care for all needs groups**
- **A range of day opportunities or support to access mainstream community venues**
- **Services that stimulate and promote self direction/personal budgets**
- **Brokerage services to enable individual procurement of services**
- **A range of respite services for both adults and older people**
- **The development of a range of carer related support services**

The MPS will be reviewed annually and should be considered in conjunction with other publicly available documents such as the *Joint Strategic Needs Assessment*¹ and service specific commissioning plans.

1.2 Forecast Demographic Pressures

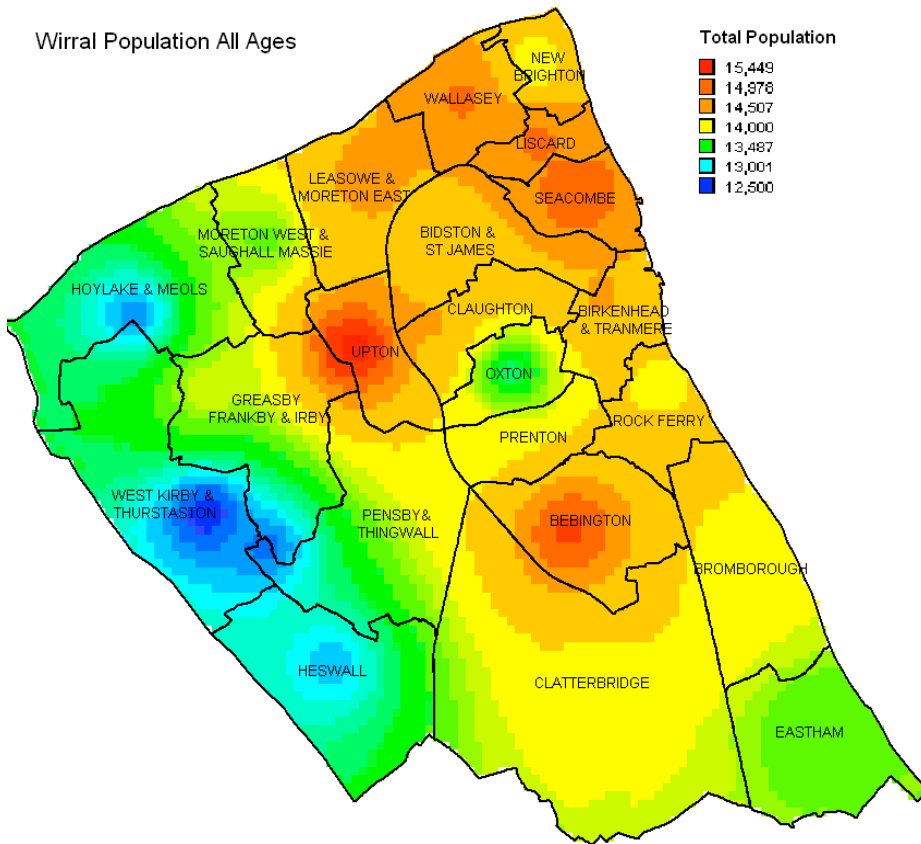
The population of Wirral is forecast to increase by just over 5% by 2030. There will be a marked increase in the proportion of older people in the future. It is predicted that the over 65 population will increase by 16% over the next ten years with the sharpest increase being in the over 85's.

There are differences in the age structure of the population within Wirral. In the east of Wirral for example, there is a higher proportion of younger people compared with the south and west. Equally, the west of Wirral has a higher proportion of older people compared with the east.

Wirral has a number of communities which are at the extremes of the income spectrum, indicating that the differential between people on very low and very high incomes is pronounced.

The Employment domain of the Index of Multiple Deprivation (IMD) indicates that Wirral performs poorly on this indicator. This is an indication of the scale of the challenge faced in Wirral and the need for a focused and coordinated approach to tackling worklessness and economic inactivity.

Wirral Population All Ages

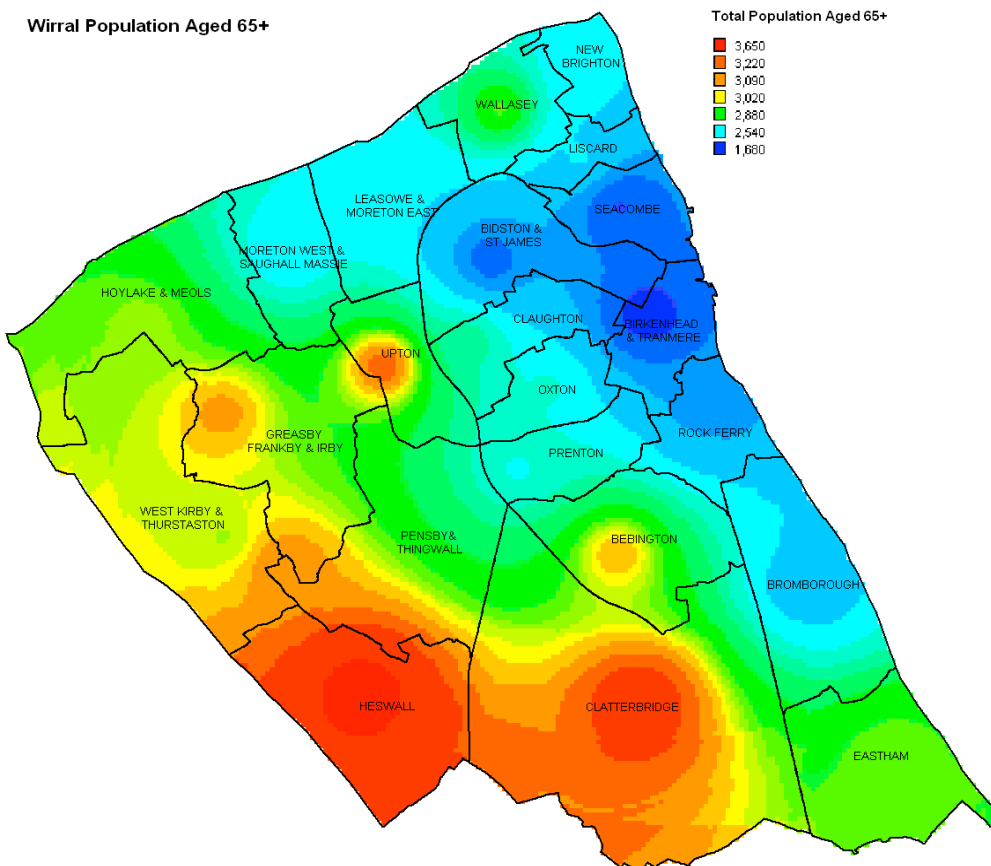


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The first of the two maps on the left provides an overview of the population of Wirral, indicating the main areas of population density.

The second map provides an overview of the population of Wirral aged over 65. This map is markedly different to the first and indicates that whilst the overall population in the west of Wirral is relatively low there is a high volume of older people.

Wirral Population Aged 65+



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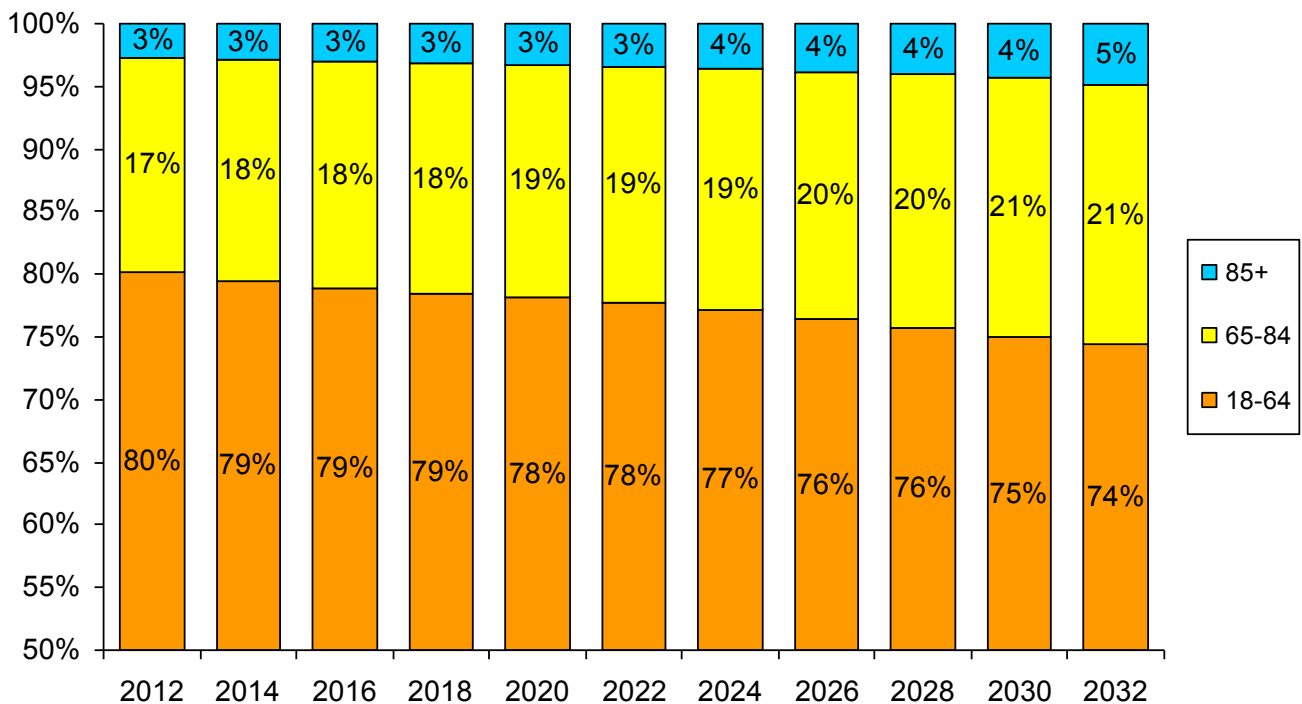
Providers face geographical challenges particularly in the west of Wirral and Clatterbridge when providing packages of care. Engagement with providers has identified recruitment challenges due to conditions of services linked to spot purchasing, travel costs and downtime associated with travelling and the absence of a natural local pool of carers due to the affluence of these geographical locations This has impacted upon the ability to respond to packages potentially increasing waiting times and leading to a greater number of residential/nursing placements.

The Council recognises that the application of spot purchase contracts has potentially impeded market developments. The use of spot purchasing has afforded no certainty to providers to build capability and capacity to enable timely and flexible responses to need and demand for services. Analysis of how Wirral is performing across a range of linked service supports, spanning Residential and Nursing Home Care, Hospital Discharges and Intermediate Care and Rehabilitation/Re-ablement Services would indicate inappropriate service user outcomes and a skewed market for care. The market for domiciliary care is further skewed by a number of Health and GP commissions allied to Rapid Access and Admissions Prevention Services which incentivise services leading too providers prioritising responses and impacting upon generic domiciliary care support services available capacities. The use of cost and volume contracts will be considered as part of the re-tender due to be completed in 2013-14, together with improved working with Health Commissioners to achieve coherence in the meeting of health and social care needs.

1.2.1) Older People

The number of older people is set to increase considerably over the next two decades; by 2032 it is estimated that 26% of the Wirral population will be aged 65 or above. This will have a considerable impact on health and social care services, as the number of older people presenting with health related problems increases. This could also have a considerable impact on the number of family carers in Wirral.

Figure 1 – Wirral Forecast Population Structure Change 2012 to 2032



Source: www.ons.gov.uk

Table 1 – Predicted population in Wirral of people aged 65+, 2012-2020

	2012	2014 with % Change	2016 with % Change	2018 with % Change	2020 with % Change
People aged 65+ with a limiting long term illness	31,743	32,991 (3.9%)	33,982 (3.0%)	(8.7%)	35,922 (8.9%)
People aged 65+ unable to manage at least one domestic care task	26,094	26,984 (3.4%)	27,864 (3.3%)	28,779 (3.3%)	29,716 (3.3%)
People aged 65+ unable to manage at least one personal care task	21,413	22,157 (3.5%)	22,893 (3.3%)	23,602 (3.1%)	24,334 (3.1%)

Source: www.poppi.org.uk

By 2020 the population of Wirral aged 65 and over with a limiting long term illness will have increased by almost 13%. Furthermore older people will have increasingly complex needs highlighted by an increase of 14% by 2020 of the number of people requiring support with both domestic and personal care tasks.

There is a predicted increase in the number of unpaid carers in line with population changes which will necessitate a shift from providing personal budgets to carers to the development of a range of carer related support services.

Falls amongst older people is a key concern, and incidence increases with age. It is estimated that the annual increase of falls amongst older people in Wirral totals around 17,000. With the projected rise in the older population and the greater risk of falling associated with increasing age, the number of falls in Wirral would be expected to rise concurrently if new interventions and prevention strategies are not adopted. Wirral will actively review the current Falls Prevention Strategy to profile the potential implications of increasing frailties to assure measures are in place to combat.

The increasing support needs of older people will be driven by two key health factors:

i) Dementia

Nationally there are approximately 750,000 people in the UK who have dementia with this number expected to double in the next thirty years. Dementia is therefore recognised as a national issue, with only around 45% of the estimated number of people with Dementia on a GP register, obtaining the care needed.

The national picture is mirrored within Wirral with the number of people forecast to have dementia set to increase by 50% by 2030. There will be a steady increase of 19% by 2020 with a steeper increase between 2020 and 2030.

Emergency hospital admissions for dementia in Wirral are approximately 54% higher than the national average, which could indicate that there are caring issues regarding older people with dementia.

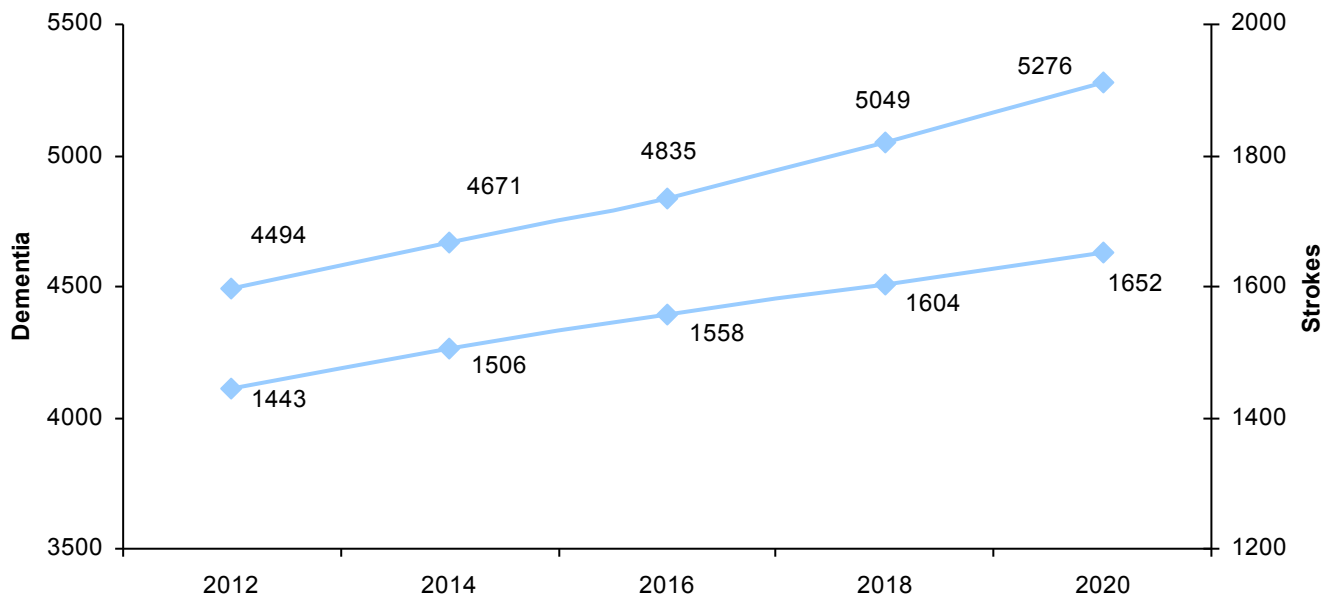
The Wirral Dementia Strategy provides a multi-agency approach to the needs of those people with dementia and their primary carers, reflecting the themes contained within the National Dementia Strategy. The Wirral Strategy has identified the following service supports as requiring review and possible developments – the capacity and capability of current respite care services for dementia suffers; the need for a stepped care model for dementia as currently there is no 'crisis' support available; improved intermediate care for people with dementia; further exploration of Telecare/Telehealth/Assistive Technologies for people with dementia; and strategies to assist and support 'Living well with dementia in care homes'.

ii) Strokes

Stroke is a manifestation of cardiovascular disease (CVD) and is the third largest cause of mortality in England. Between 2008 and 2010 rates of premature mortality due to stroke in Wirral were higher than both the North-West and National averages.

Those who survive a stroke are often left with a disability. In the UK, on average, two-thirds of people survive stroke, but half of those are left with a disability.

Projected number of Wirral people aged 65 and over predicted to have dementia/a long term condition caused by a stroke: 2012-2020



Source: <http://info.wirral.nhs.uk/ourjsna/>

1.2.2) Learning Disabilities

Currently there are estimated to be approximately 4,600 people aged under 65 with a learning disability in Wirral with this number expected to have reduced by 4% by 2020.

Table 2 – Predicted number of people in Wirral with a Learning Disability, 2012-2020

	2012	2014 with % Change	2016 with % Change	2018 with % Change	2020 with % Change
People aged 18-64 with a Learning Disability – baseline estimate	4,583	4,533 (-1.09%)	4,495 (-0.84%)	4,456 (-0.87%)	4,416 (-0.90%)
People aged 18-64 with a moderate or severe Learning Disability	1,028	1,019 (-0.88%)	1,013 (-0.59%)	1,007 (-0.59%)	1,001 (-0.60%)
People aged 18-64 with a severe Learning Disability	271	268 (-1.11%)	265 (-1.12%)	263 (-0.75%)	262 (-0.38%)

Source: www.pansi.org.uk

Adults with a learning disability are experiencing increased longevity and the population is as a whole ageing. As the population ages there will be an increasing trend of older adults with learning disabilities with increased levels of frailty due to age requiring support, including those whose parents have been caring for them but can no longer do so due to their own increasing frailties as they age. The Market Position Statement will support the Commissioning Plan for

Learning Disabilities which reflects the challenging transformation of services now in train for adults with a learning disabilities.

There are a small but significant number of young people who are currently supported by children's services and who are due to transfer to adult social care as they become adults. Estimates for the next 3 years suggest approximately 40 new cases year on year.

Nationally, and in Wirral, people with learning disabilities experience amongst the lowest levels of employment of any working age group.

In order to improve housing outcomes for people with learning disabilities, it is a key priority to develop a comprehensive understanding of the current supply of housing and accommodation options that are available locally.

1.2.3) Mental Health

Currently there are approximately 30,700 people aged under 65 with a mental health problem in Wirral with the number of people in 2020 expected to have reduced by 4%. In Wirral it is estimated that there is a higher prevalence of severe mental illness than the North West and England average

With the UK economy currently experiencing flat line growth and a decline in the public sector, despite the projections, it is anticipated that demand for mental health services may increase in response to unemployment, personal debt, home repossessions, and other forms of economic impact.

Whilst traditionally dementia has been associated with people aged 65 and over there has been an increased number of people aged between 30-64 who have a diagnosis of dementia. Due to younger people with dementia being physically fitter than their older counterparts this presents particular issues for carers. There are currently 88 people predicted to have early onset dementia with this forecast to remain consistent to 2020.

1.2.4) Physical Disabilities

Currently there are approximately 20,100 people aged under 65 with a moderate or severe physical disability in Wirral with the number of people in 2020 expected to have reduced by 2%.

Table 3 – Predicted number of people in Wirral with a Physical Disability, 2012-2020

	2012	2014 with % Change	2016 with % Change	2018 with % Change	2020 with % Change
People aged 18-64 with a moderate Physical Disability	15,445	15,280 (-1.07%)	15,230 (-0.33%)	15,204 (-0.17%)	15,150 (-0.36%)
People aged 18-64 with a severe Physical Disability	4,671	4,609 (-1.33%)	4,602 (-0.15%)	4,614 (0.26%)	4,626 (0.26%)

Source: www.pansi.org.uk

The experience within physical disabilities would indicate a trend towards self direction and a higher percentage accessing services through cash direct payments which mirrors a national picture rather than traditional approaches and options. 20% of all adults with a physical disability who are accessing Council funded social care have made this choice and there is no sign yet of this trend diminishing.

2. Current Market Supply

2.1. Summary Analysis

During 2011/12 approximately 12,000 people received a package of care funded by the Council with between 9,000 and 10,000 in receipt of a service at any one point in time.

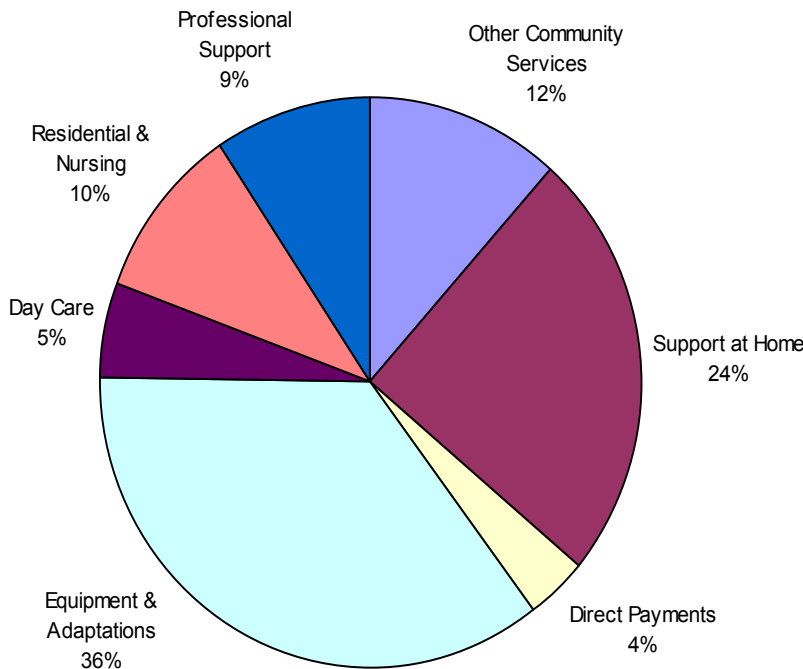
At present there are approximately 640 people self funding there care within residential and nursing homes. The Council currently has a limited knowledge regarding other self funders and will seek to gather intelligence during 2013/14 to include within future updates of this market position statement.

Client Type	Total Service Users 2011/12	% of Overall Packages	5 Year Movement
Older People	8,500	70%	↑ 2%
Physical Disabilities / Other	1,400	12%	↓ 11%
Mental Health	1,300	11%	↑ 17%
Learning Disabilities	900	7%	↑ 13%
Total	12,100	100%	↑ 3%

Source: www.nascis.ic.nhs.uk

Over 70% of people receiving a service are aged 65 and over

Summary of Care Packages Commissioned in 2011/12, by Package Type



The greatest proportion of people supported during 2011/12 received equipment and/or adaptations to enable them to remain supported in their own home.

This is representative of the growth of assistive technology as a means to enable independence.

The majority of people supported with commissioned packages received support at home in the form of personal care.

Only 10% of people were supported within a nursing or residential care setting.

Over the past 5 years there has a reduction of 22% in the number of people supported by the Council in Nursing and Residential homes as people seek to remain at home for longer.

2.2. Early Intervention

i) Equipment & Adaptations

The Community Equipment Service is a Wirral wide jointly funded equipment service run in partnership with Wirral Council and Wirral Community NHS Trust. The service offers a wide range of loan equipment to support the care and independence needs of Wirral residents.

Wirral Home Improvement Agency is based within the Housing and Regeneration Department of Wirral Council. They oversee and facilitate access to a 'Disabled Facilities Grant' for those individuals assessed as eligible for the provision of an adaptation or a hardwired specialist item (such as a stairlift); to promote their independence or to meet their support and care needs within their home environment.

They also administer minor adaptations such as grab rails, steps and key safes through the handypersons service. The public can access and complete a self assessment form and return it to this agency who will establish eligibility and ensure appropriate outcomes are achieved through adaptation of the person's home environment.

The table below provides a breakdown of the number of people who have received equipment or adaptations.

Client Group	Equipment & Adaptations
Learning Disabilities	51
Mental Health	33
Older Persons	1,273
Physical Disabilities	453
Total	1,810

Source: Local Intelligence

ii) Assistive Technology

Assistive Technology is a general term used for devices and related systems that can support individuals to live independently at home, whilst also providing reassurance and support to those around them. This can include monitoring of wellbeing and safety and enabling individuals to carry out tasks independently. It includes standalone devices and interactive systems such as telecare and telehealth, as well as other forms of technology which are rapidly being developed.

The principles of Assistive Technologies are that it is part of a joined up response to providing personalised outcomes for individuals. It should not be seen or developed as an extra discrete service to other support offered/provided.

The number of people supported with Assistive Technology in Wirral is illustrated in the table below.

Client Group	Supported Living	Home Care	Residential / Nursing Care	No Commissioned Package
Learning Disabilities	93	6	17	53
Mental Health	5	7	1	44
Older Persons	15	487	48	2,905
Physical Disabilities	15	58	2	341
Total	128	558	68	3,343

Source: Local Intelligence

c) Hospital Discharge & Re-Ablement

i) Re-Ablement

Homecare re-ablement seeks to support people to maximise their level of independence and appropriately minimise their need for ongoing homecare support. Home care re-ablement services are also one example of a range of services which can be considered as intermediate care services.

People referred for re-ablement should ideally have the potential to improve significantly in a relatively short space of time. The maximum period of re-ablement should ideally be six weeks with the average around 3-4 weeks. For those people who on initial referral are clearly likely to need long-term support at home, re-ablement offers a valuable opportunity for extended assessment, so that appropriate levels of long-term support can eventually be commissioned. This remains an important function of re-ablement, whether service users move on to a personal budget or directly-commissioned services. In the context of increasingly tight resources, the 'right-sizing' of long-term support will continue to be a major concern.

Wirral currently provides a re-ablement service based upon a collaborative partnership model which is delivered via staff from the Department of Adult Social Services, the Acute Trust occupational therapy service and external providers registered for the delivery of personal care. The service is delivered within locality teams but also has a dedicated hospital team supporting hospital discharge.

The table below shows the average number of people receiving re-ablement at any one time and the average length of stay on the service.

Client Group	Number of People with a Current Star Service	Average Package Length (Weeks)	Average Hours Per Week
Older Persons	141	3.36	8.82
Physical Disabilities / Other	10	3.82	7.94
Total	151	3.38	8.75

Source: Local Intelligence

ii) Rapid Access

Following joint discussions across the health and social care economy in 2010 NHS Wirral agreed to directly commission an accessible social care service. The service needed to have a response time of 24 hours and be accessible from both the hospital and the community.

The service commissions a mix of both care home beds and domiciliary care and a breakdown of the volume commission is provided in the table below:

One of the key challenges facing the Department of Adult Social Services is the development of a robust domiciliary care market that can provide a responsive service to all people requiring the service and not just those who have been referred through the rapid access service. Developments in relation to the domiciliary care market are discussed further in the home care section of this document.

iii) Intermediate Care

Intermediate Care is a service that aims to avoid preventable hospital admissions and expedite early supported discharge from hospital. The service should generally last no longer than 6 weeks.

Residential based intermediate care in Wirral is currently delivered within two contracted nursing homes providing capacity of 40 beds between them. The intermediate care beds have linked pathways with the re-ablement service to promote timely transfer and continuation of rehabilitation within the individual's own home

The table below provides a breakdown of the number of intermediate care placements and the average length of stay during the first three quarters of 2012-13.

Intermediate Care Bed Usage April to December 2012

Client Group	Total Placements	Average Length of Stay (Weeks)
Older Persons	229	5.2
Physical Disabilities / Other	21	8.8
Total	250	5.5

Source: Local Intelligence

The existing intermediate care contract runs until 31st March 2016 and there are no plans currently in place to commission additional beds. Intermediate care will be set within a comprehensive and complementary service approach that includes domiciliary care, enablement and re-enablement services, rapid response, reablement and extra care to realise peoples continued potential for independent living with appropriate and timely interventions.

iv) Short Term & Respite Care

Over the past two years there has been a growth in the usage of short term beds with the intention that all individuals are initially placed as short term to enable a full assessment of their ongoing needs.

Annual Volume of Short Term/Respite Bed Nights Commissioned by Wirral

Bed Type	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13 (Forecast)
Nursing	5,152	3,884	2,856	4,241	13,631	16,311
Nursing EMI*	97	281	781	1,817	2,128	4,961
Residential	27,735	19,542	20,673	29,192	30,532	35,304
Residential EMI*	495	808	620	3,244	8,486	9,035
Total	33,979	24,515	24,930	38,494	54,777	65,611
% Change	-	-28%	2%	54%	42%	20%

Source: Local Intelligence

* EMI – Elderly Mentally Infirm

Data collated by the Advancing Quality Alliance (AQuA) indicates that Wirral is 20th highest out of the 23 North West local authorities in terms of % of discharges direct to nursing and residential beds from hospital. Wirral also ranks 13th highest in terms of the number of permanent admissions to nursing and residential care per 100,000 population. Analysis of a

comprehensive suite of performance measures allied to the above rankings, together with the current service configurations to support people, would indicate that the current market for care is lacking efficiency and effectiveness in both use of resources and outcomes for people. Our response to this is captured within the section entitled DASS Commissioning Intentions and rationale.

There have been particular issues linked to hospital discharges due to the lack of capacity within both the domiciliary care and re-ablement markets. A review of the domiciliary care contract is currently underway with a procurement exercise due to commence April 2013. This will seek to enhance capability and capacity in relation to domiciliary care, re-ablement and community intermediate care services. This will reposition the market for care and support across the health and social care spectrum of services to promote continued independence and avoid inappropriate outcomes, particularly bed based placements.

c) Ongoing Community Based Support

i) Day Services

The Council is the main provider of day services within Wirral and currently operates six day centres for people with physical and learning disabilities, three day centres for people with mental health needs and six day services offering “work type” placements for people with a disability. These have close links with their communities, operate increasingly personalized services and carry out a range of trading activities including catering and sale of plants and produce.

The model of operation needs to evolve further to meet national expectations and changing needs. The use of Personal Budgets has increased demand for flexible support packages, and reduced demand for traditional long term day care. This is particularly evident with young people who are making the transition from children’s to adult services who are not choosing to attend day centres.

There is evidence of an increasing demand for “work type” placements delivered in six of the council’s day services. These currently offer the equivalent of around 130 full time places a day to service users.

There are also continuing changes in the population of people requiring support in the community, with a steady rise in the number of people with the highest support needs who will continue to require specialist centres which can offer skilled therapeutic support and appropriate equipment and facilities. In addition the population of people who attend day centres is ageing and are likely to require a different range of services into the future.

The table below provides a summary of current day centres and a breakdown of the number of people who use these services.

Summary of Day Centre Attendees as at January 2013

Client Group	Number of People Accessing Day Services Per Week	Total Days Attended Per Week	Local Authority Day Centres	Independent/Not For Profit Day Centres
Learning Disabilities	463	1,728	9	3
Mental Health	209	224	4	3
Older Persons	319	616	-	19
Physical Disabilities	86	204	2	7
Total	1,077	2,772	15	32

Source: Local Intelligence

The Council makes an annual contribution to the running costs of services provided by the Voluntary, Community and Faith sector.

The transformation of local authority day services will involve a rationalisation of building based solutions and the need to build and develop alternative community provisions. This will involve enabling people to commission their own support solutions, access to existing community facilities with support, providers diversifying to support people rather than dependence upon traditional day services and support to providers who want to discuss innovate and creative support systems for people.

ii) Direct Payments

In response to increasing demand and rising public expectations of choice and quality successive governments have committed to transforming the way in which care and support for older and disabled adults is organised.

At the core of this transformation is the idea that instead of the local authority commissioning care and support services for people living in its area they should instead, provide individuals who are eligible for help with their own 'personal budget; so they can acquire help and assistance that is more attuned to their own individual needs and circumstances.

The number of people in receipt of a direct payment has steadily increased since 2009/10 with approximately xx% of people choosing to arrange their own care.

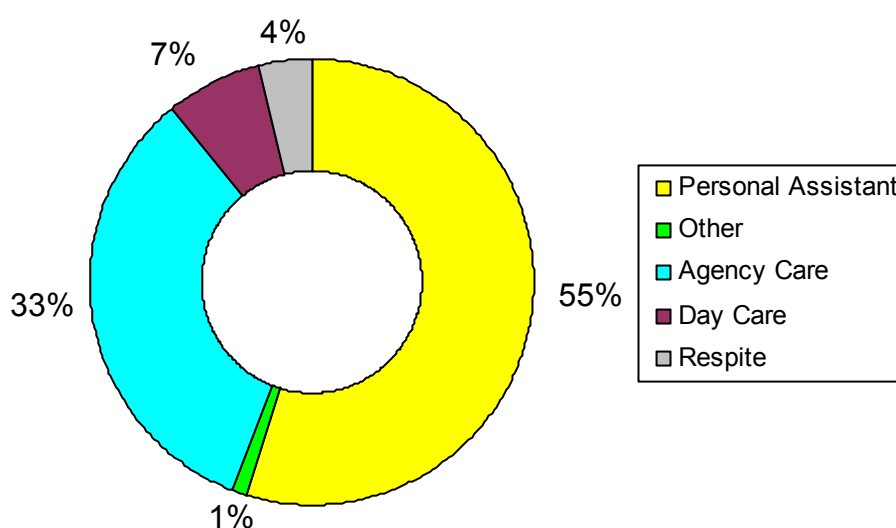
Total Number of People in Receipt of a Direct Payment During the Year

Client Group	2009/10	2010/11 with % Change	2011/12 with % Change	2012/13 with % Change
Older Persons	125	155 (24.00%)	190 (22.58%)	
Physical Disabilities / Other	135	175 (26.92%)	210 (12.12%)	
Mental Health	15	15 (0%)	35 (133.33%)	
Learning Disabilities	65	95 (46.15%)	140 (47.37%)	
Total	340	440 (29.41%)	575 (30.68%)	

Source: www.nascis.ic.nhs.uk

Due to the flexible nature of direct payments data is not collated that provides a comprehensive overview of how people spend their allocated budget. A sample of 50 cases has indicated that the majority of people (55%) choose to employ personal assistants from their direct payment; with the next highest level of expenditure (33%) on care from personal support agencies.

Sample breakdown of services purchased with direct payments



Analysis of the 2011/12 net expenditure for Wirral Adult Social Services highlights that 6% of all expenditure is on direct payments and this is expected to have risen during 2012/13 to approximately 9%.

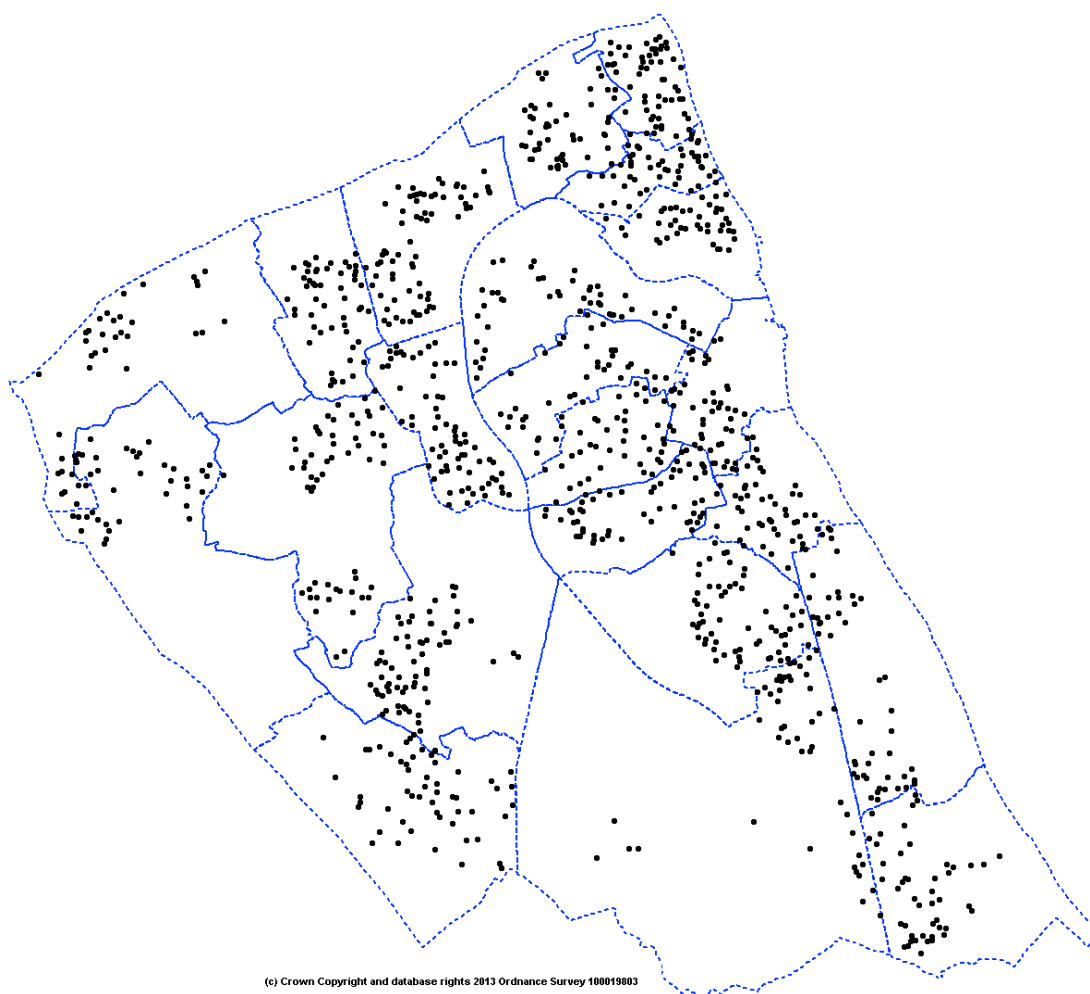
iii) Home Care

Home care, also known as domiciliary care, is the support and help with personal care and household tasks for the frail or those with long term care needs.

Domiciliary care makes it possible for individuals to remain in their own home, enabling them to maintain comfort and personal independence within their local community.

Wirral has endeavoured to raise the profile of the Home Care market and currently has 70 accredited personal support providers, reflecting an approach to procurement of individual support based upon 'spot purchasing' rather than a defined number of block contracts to secure service provision. However in practice we currently have lead personal support providers, geographically focused, providing the majority of support hours to people.

The map below provides an overview on a geographical basis of current commissioned packages of care and indicates a higher concentration of packages within east Wirral particularly the north east. There have been problems commissioning packages within west Wirral with providers unable to take these packages on. As already indicated investigation and engagement with current providers of services has identified a number of logistical challenges which include recruitment, individual contracts and conditions of services, travel costs and down time travelling, the absence of a natural pool of local carers due to the affluent make up of these geographical areas and existing providers seeking to maintain existing span of operational activities.



The Council is committed to a review of Care at Home Services, including domiciliary care and will seek to reshape and expand this aspect of the market in conjunction with Intermediate Care

and Re-ablement services. Wirral Council will seek to adopt the Ethical Care Standards in relation to domiciliary care provisions to balance the efficient and effective use of available resources.

The number of people in receipt of home care services and the average number of hours commissioned each week are illustrated in the tables below:

Analysis of Home Care Commissioned by the Council as at January 2013

Client Group	Number of People with a Care Package	Total Hours Per Week Commissioned	Average Hours Per Week Commissioned
Older Persons	1,117	16,300	14.50
Physical Disabilities / Other	170	3,800	22.50
Mental Health	40	480	12.00
Learning Disabilities	81	1,550	19.00
Total	1,408	22,130	15.50

Source: Local intelligence

Analysis of Length of Home Care Calls by Client Group as at January 2013

Care Package Per Week	Older Persons	Physical Disabilities / Other	Mental Health	Learning Disabilities	Total
Less than 5 Hours	220	42	12	25	299
Between 5 hours and 10 hours	359	45	13	13	430
Between 10 hours and 15 hours	190	21	6	11	228
Between 15 hours and 20 hours	101	13	2	6	122
Between 20 hours and 25 hours	72	9	2	7	90
Between 25 hours and 30 hours	47	7	1	5	60
More than 30 hours	128	33	4	14	179

Source: Local intelligence

The current system is not working effectively with far too many people having to wait too long to access care packages; often resulting in them being discharged from hospital into a residential setting whilst a care package is sought.

Key performance data and operational feedback clearly indicate a number of areas that need improvement within the current contractual arrangements:

- **Capacity to access domiciliary care is in a timely and effective way regardless of where you live within the Borough.**
- **Ensuring that domiciliary care effectively contributes to maintaining (and improving where ever possible) independence for as long as possible. Including the natural and tangible overlap with re-ablement.**

A project board has been set up to make recommendations about what changes need to be made to the domiciliary care market through specifications and contracting that will improve outcomes for people, contribute to the aspirations of 'Shaping Tomorrow' fairly and improve key aspects of performance (including consistency and timeliness).

One of the key recommendations is likely to be the need for an open tender in order to reconfigure the current contractual arrangements with a small number of providers contracted to deliver care on a 'block' purchase basis; with more stringent contractual obligations regarding response times and the achievement of identified outcomes.

The timescale for this tender process is likely to involve a launch date of April 2013, with a view to having new contractual arrangements in place by September 2013.

iv) Shared Lives & Home Share

Shared lives is a little known alternative to home care and care homes for disabled adults and older people. There are estimated to be approximately 10,000 shared lives carers in the UK. They share their family and community life with someone who needs some support to live independently.

A shared lives carer and someone who needs support get to know each other and, if they both feel that they will be able to form a long-term bond, they share family and community life. This may mean that the individual becomes a regular daytime or overnight visitor to the carer's home or they may even move in permanently.

Nationally shared lives carers support disabled adults, older people with dementia, people with mental health problems, care leavers and disabled children in transition to adulthood. In Wirral the majority of people supported via Shared Lives having a Learning Disability and all those supported live permanently with their Shared Lives carer.

Shared Lives Placements Commissioned by the Council as at January 2013

Client Group	Number of People Supported	% Of those Supported
Older Persons	3	11%
Physical Disabilities / Other	5	18%
Learning Disabilities	20	71%
Total	28	100%

Source: Local Intelligence

Home share is similar to shared lives in that a homeowner welcomes an individual to live in their own home. Home share matches up the people who have their own home and who have developed some support needs or are anxious about living alone (A Householder) with somebody who cannot afford housing (A Home sharer).

Usually no rent is charged but household bills are shared and the home sharer will help out around the house with tasks to support the householder. The relationship develops because both parties have a mutual benefit from the arrangement.

Home share is not a scheme that has been utilised to date in Wirral but there are clear benefits for people who own or rent a home:

- Older people who need low level support
- Older people who are anxious or isolated
- Disabled people who need support to move towards or maintain independent living
- Family carers who are struggling with isolation or who juggle work and caring

Home share can also produce efficiencies in the form of:

- Reduced risks of falls for older people; better health and well-being for older people
- Reduced pressure on housing provision
- Increased affordability of higher education

We do recognise the value of this service and the opportunity it affords to vulnerable adults to live with an ordinary family. However the current arrangements require review to both ensure value for money but also the potential to expend and develop.

v) Supported Living

Supported Living is a service aimed at enabling people to live in their own home and receive care/support in order to promote their independence. It aims to enable the person to be as autonomous and independent as possible, and usually involves social support rather than medical care.

The emerging model in Wirral is a move away from traditional residential care towards flexible support to promote independence. This is evidenced by number of residential care homes previously registered to provide care to people with a Learning Disability having now de-registered to provide a supported living service. This is a positive move to offer individuals a greater degree of independence but it is important that providers work in liaison with the Council when planning de-registration to ensure that the balance of services remains appropriate between residential care and supported living.

Since the inception of personal budgets there has been growing incidences of groups of young people pooling their resources to commission care to help maintain their independence. The impact of this for providers relates mainly to self-promotion and how they can attract business in an increasingly competitive market place.

The table below summarises the current volume of supported living services commissioned by the Council:

Supported Living Packages Commissioned by the Council as at January 2013

Client Group	Number of People with a Care Package	Total General Support Hours Commissioned	Total People Supported at Night	Total On-Call Payments
Older Persons	42	1,798	33	7
Physical Disabilities / Other	57	2,352	24	16
Mental Health	113	2,838	43	66
Learning Disabilities	335	17,662	226	39
Total	547	24,649	326	128

Source: Local Intelligence

There are two distinct types of supported living service currently provided, the first being those delivered direct to individuals within their own tenancies (Floating Support) and the second being those delivered to a group of individuals within a shared property. Approximately two thirds of all services provided are within group properties which offer economies of scale in terms of volume of shared support that individuals are able to procure with their resources. It is crucial that providers adopt a flexible approach to allow individuals to customise packages to their individual needs rather than offering a prescriptive service.

Supported Living services are currently commissioned under the wider Personal Support contract. The project board established to review changes needed within the domiciliary care market will also review supported living services. The timescale for this tender process is likely to involve a launch date of April 2013, with a view to having new contractual arrangements in place by September 2013.

d) Long Term Care (Non-Community Based)

i) Extra Care Housing

There are five purpose-built extra care schemes funded by the Council to provide 191 general tenancies and 10 specialist dementia related tenancies. The schemes provide on-site domiciliary support and leisure facilities to enable older people to lead active and independent lives for as long as possible.

As of December 2012 all 201 extra care units were occupied and waiting lists are in operation. Analysis of current tenancies and the corresponding levels of support indicate increasingly high levels of frailty and dependency with a need to enhance core contracted support as there are now greater levels of those with high support needs.

In order to address variations in weekly costs between the schemes more immediately, discussions are underway with 2 of the 3 current care providers with a view to commissioning a block of care within each scheme at a reduced, consistent fee rate for financial year 2013/14.

There are 3,600 units of ordinary sheltered accommodation spread across the Borough. These are operated by different housing associations. Sheltered housing schemes offer housing related support consisting of a care line and personal visits from a support officer, warden, scheme manager or sheltered housing officer. There are also up to 265 units of floating support available at any one time providing support to people living in their own homes.

The emerging model in the Borough is a move away from buildings based support and towards flexible housing related support. In particular there are opportunities for providers to combine packages that bring together practical home support alongside traditional professional advice and guidance functions previously funded by Supporting People grants.

The Council is currently reviewing these services and developing a contract specification which takes into account future demand from an increasing older population as well as ensuring it delivers a cost effective alternative to residential care; with a view to running an open tender process at the latter end of 2013 to replace current contractual arrangements with effect from April 2014.

The Housing LIN has developed a tool which enables a range of interested parties including potential housing occupiers to understand and model the need for particular housing options to reflect changing demographics specific to geographical locations. The tool has been populated to provide projected trend analysis in relation to Extra Care and the following data has been profiled:

Extra Care Units per 1,000 75 plus – Modelling Overview

Demand	Supply	Variance	% Difference
743	203	539	-73%

Estimated Future Needs

Extra Care	2012	2014	2020	2025
% increase	1%	2%	12%	32%
Rent	743	758	835	982

The above modelling reflects the assumed level of Extra Care Housing aligned to demographic projections but as the demand and supply analysis illustrates we are starting from a low level of current provision which increases market challenge to build such capacity and capability to afford greater choice to promote and sustain independent living with associated care and support.

ii) Nursing and Residential Care

Wirral has been over reliant on nursing and residential care beds particularly in relation to hospital discharges. This is evidenced by data collated by the Advancing Quality Alliance (AQuA); Wirral ranked 20th highest out of 23 Local Authorities within the North West in terms of the % of hospital discharges direct to nursing and residential homes (4.76%). Previous sections in relation to domiciliary care, re-ablement and intermediate care services has highlighted the need for market transformation to effectively and efficiently target resources to promote peoples potential for independence and this will involve a reduction in the overall number of residential beds.

Wirral Council currently commissions approximately 700 nursing beds and 640 residential beds with 84% of beds occupied by people aged 65 and over. These beds are commissioned through a contract framework that supports both spot purchasing to draw down, whilst maintaining choice and market capacity to respond appropriately to demographic trends. However the challenge is to work with providers to respond to predictive needs and the growing implications allied to dementia and complexity and realignments to support increase nursing care capacities.

There are estimated to be a further 640 people aged 65 and over who have private placement arrangements with care homes; this represents 20% of the overall market. This information is based on known nursing self funding placements as the Council makes payments on behalf of Wirral PCT for the Funded Nursing Care contribution. National studies of people funding their own care suggest that 37% of people in care homes are funding their own placements; this figure has been applied as an estimate against residential placements.

The table below provides a breakdown of existing beds and placements by client group with the average number beds occupied by people in a short term placements at any given time:

Nursing & Residential Bed Usage as at January 2013

Client Group	Placement Type	Number of Homes	Number of Beds	Council Placements (Long Term)	Council Placements (Short Term)	Self Funders	Other LA Authority Funding
Older Persons/Physical Disabilities/Other	Residential	36	1,572	697	103	410	252
	Nursing	43	1,387	637	52	230	371
Mental Health	Residential	10	177	123	2	-	34
	Nursing	-	-	-	-	-	-
Learning Disabilities	Residential	22	250	132	2	-	76
	Nursing	-	-	-	-	-	-
Total		111	3,386	1,589	172	640	733

Source: Local intelligence/Forder J (2007)⁵

The key points highlighted by the table above are:

- Overall occupancy of homes within Wirral is 93%.
- 5% of beds occupied at any point in time are short term placements

- 20% of beds are occupied by individuals funding their own care (Nursing Care based on known Funding Nursing Care payment numbers and residential care based on national estimates).
- 23% of beds occupied by people funded by other Local Authorities.

The table below provides a summary of the registration details of homes within Wirral as per the care quality commission:

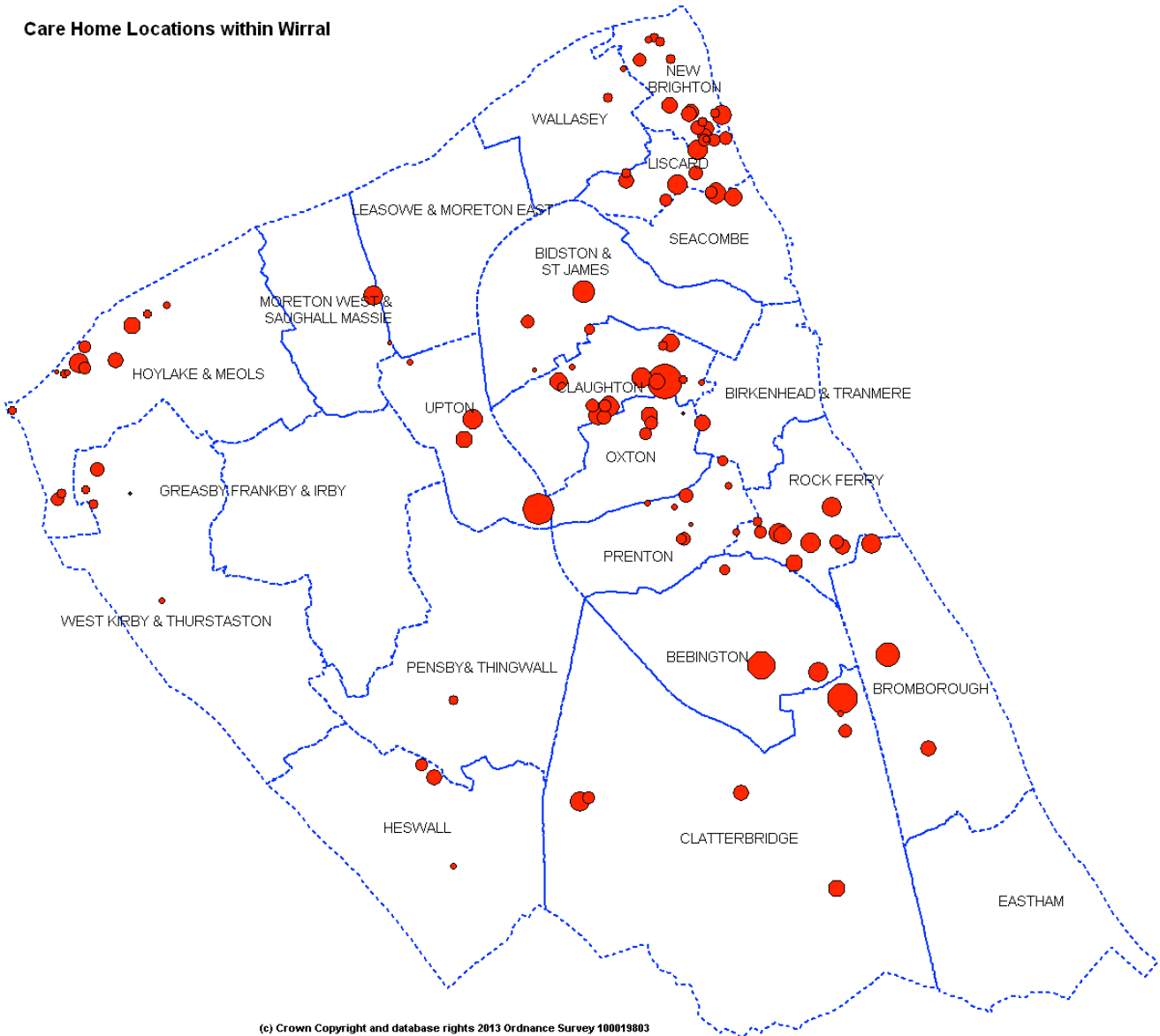
Care Home Registrations as at January 2013

Care Home Type	Number of Homes	% of Homes
Care Homes with Nursing	43	39%
Care Homes without Nursing	68	61%
Care Home Specialism	Number of Homes	% of Homes
Caring for adults 65+	46	41%
Dementia	33	30%
Learning Disabilities	22	20%
Mental Health	10	9%

Source: www.cqc.org.uk/cqcdata

The map on the following page provides an overview of the locations of all Wirral care homes and indicates particularly clusters of homes within the North East and centre of Wirral.

Care Home Locations within Wirral

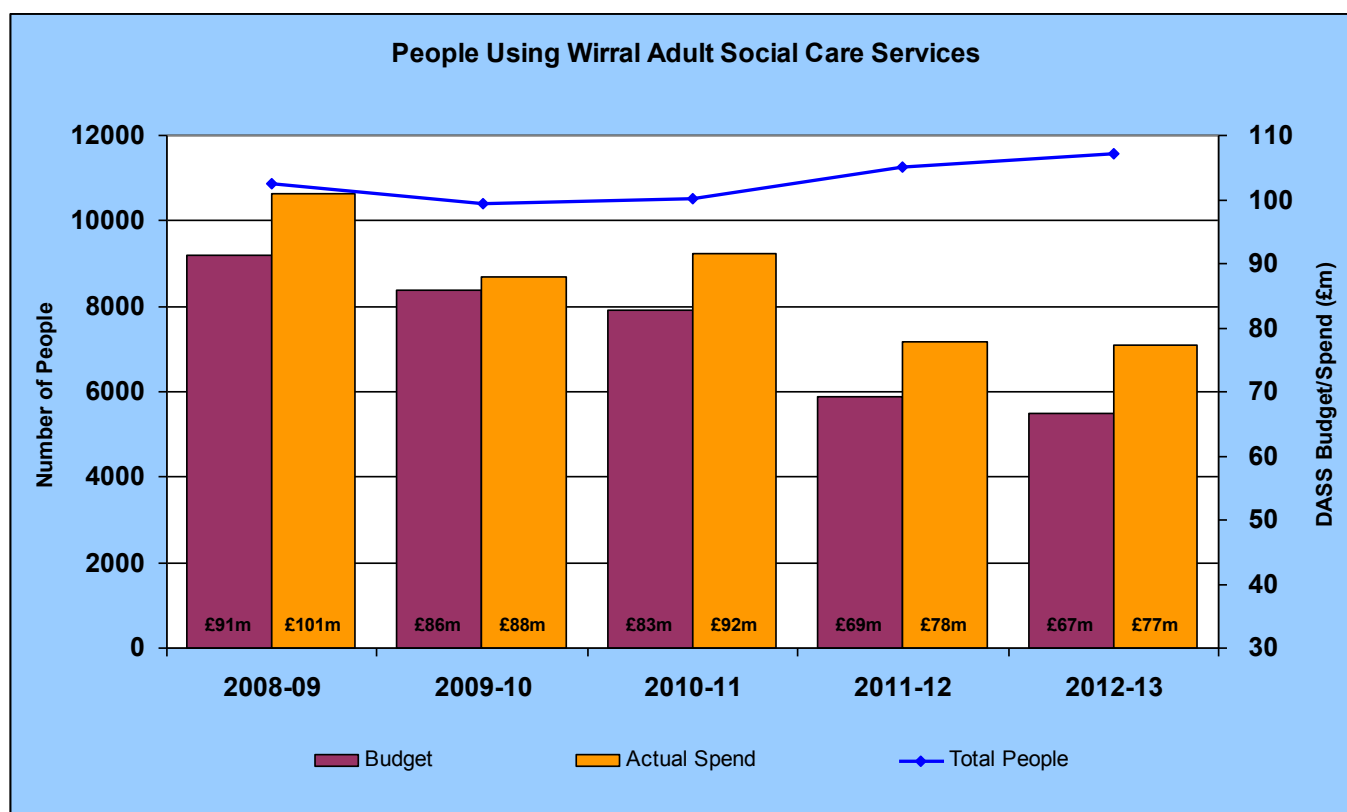


There are clear clusters of care homes within Wirral which are not consistent when compared with the Wirral population aged 65+ shown on page 5.

3. Financial Context & Future Resources

The Council currently finds itself in a very challenging financial position and needs to reduce its net budget by one-third (£100m) over the next three years. A number of savings options are currently under consideration with approximately £5m savings required from the current Adult Social Service net budget of £67m.

The chart below highlights the reductions in both the Adult Social Care budget and actual expenditure for the past 5 years alongside an increased demand for services.



The chart above highlights that since 2008-09 there has been:

- Net departmental budget reduction of 26%
- Net departmental actual expenditure reduction of 24%
- 6% increase in the number of people in receipt of a service

Based on the evidence above and the demographic challenges presented in section one of this document it is clear that existing spending levels are unsustainable. Maintaining the status quo is not feasible and a reshaping of the community care market is critical to achieving a sustainable level of expenditure. The critical components of successfully reshaping the community care market are:

- A co-ordinated approach to commissioning within Wirral involving both health and social care commissioners;
- Facilitating enablement, reablement and intermediate care to enable people to remain independent and reduce the reliance on long term support;

- Respond to the changing needs of consumers of social care ensuring alternative models of care are available to those who prefer to manage their needs through the use of non-traditional services;
- Review the use of commissioning models such as spot purchase arrangements to ensure that social care markets have the capacity to support future needs
- Ensuring social care markets offer both flexibility and responsiveness to facilitate both timely discharges from hospital and to prevent avoidable admissions.

We recognise that providers are also operating in a challenging environment and our commitment is to:

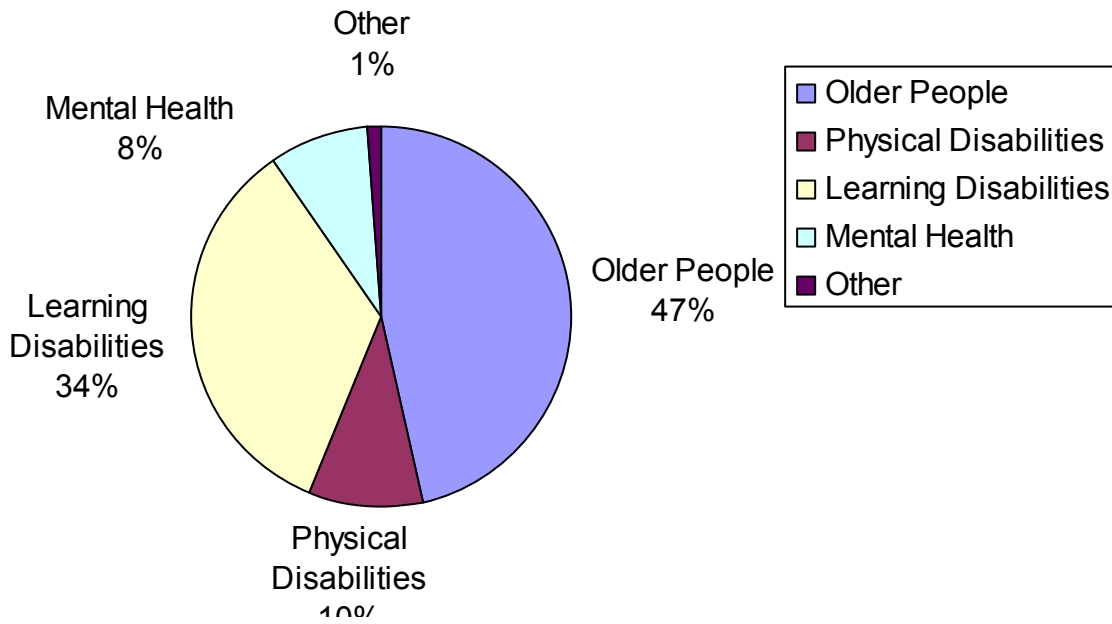
- Process payments quickly
- Ensure efficient processes are in place for resolving queries
- Involve providers in commissioning events/forums
- Continually improve the information that we make available to help you in your business decisions through future updates of this document

In return we would seek providers to:

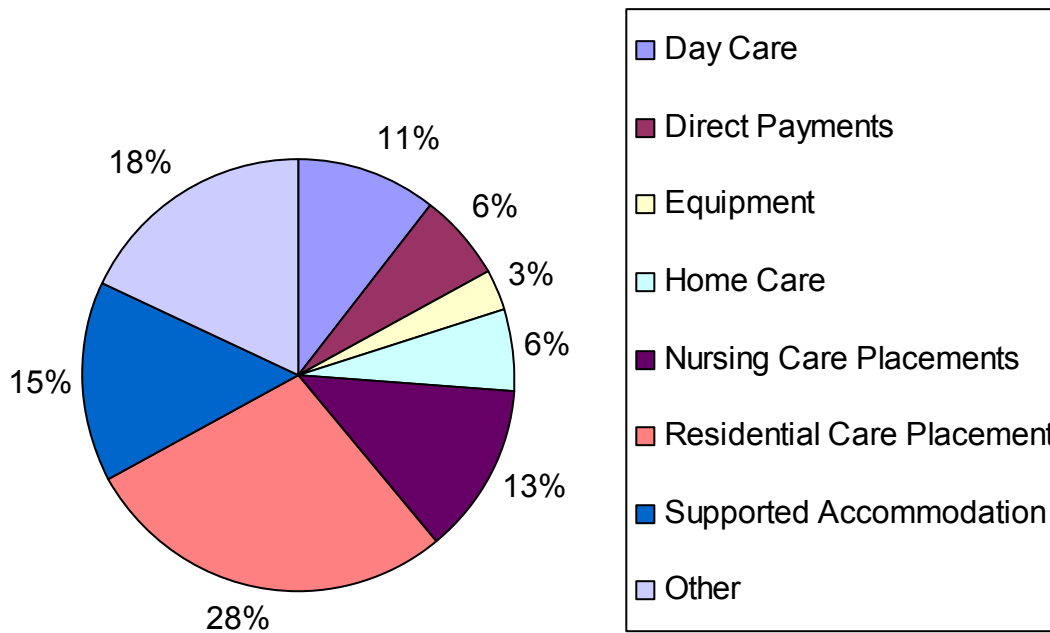
- Engage with us to actively shape future service delivery
- Offer value for money
- Adjust your business to the changing environment
- Seek to diversify/innovate to offer cost effective solutions
- Sufficiently market your business to secure both private business and encourage those people with direct payments to use your services
- Consider whether technology could help support your services and whether act as an alternative to directly provided care to aid independence

Summary of Net Expenditure 2011-12

Adult Social Care Total Net Spend 2011-12 by Client Group



Adult Social Care Total Net Spend 2011-12 by type of service



4. The Changing Market for Care and Support Services

a. Early Intervention

Whilst a greater proportion of people are being supported to live at home the greatest proportion of resources have been targeted at those with the greatest need; with crisis incidences often acting as trigger points.

More people across all age groups are being supported to live at home, but at the same time resources are increasingly targeted at those with the greatest need. This is despite the evidence from the Partnership for Older Peoples Projects (POPP) which indicated that earlier intervention and prevention, before people reach high levels of need, may be more cost effective for health and social care systems as well as providing better outcomes for individuals.

Definitions of early intervention and prevention vary enormously, and these differences affect the scale and effectiveness of strategies employed by health and social care systems. *Improving care and saving money* - learning the lessons on prevention and early intervention for older people (DH, Jan 2010) identified four important elements of prevention:

- Delay or reverse older people's deterioration (or, to put it more positively, promote their independence and wellbeing).
- Reduce the risk of crisis and the harm arising from them.
- Maximising people's functioning (i.e. re-ablement).
- Provide 'care closer to home' (i.e. arrange for the least institutional or intensive intervention that is able to appropriately meet people's needs).

However as a direct consequence of the spectrum of needs for which adult social care services are designed, it is difficult to define prevention solely in social care terms. Social care services described as prevention range from intermediate care services to 'low-level' interventions and community services supporting social inclusion.

Early Intervention and Preventative services need to be rooted within the community so they can appropriately support vulnerable adults with less complex needs that do not need the intervention of health or social care professionals. Vulnerable adults include people with learning disabilities, mental health needs, older people, people with physical impairments and their carers.

The voluntary, community and faith sector (VCF) is a key provider of preventative services and we will work more closely with the sector as a partner in delivering early intervention and preventative services. We acknowledge that the VCF often:

- Have more established links with the wider community and better reach of all communities including the more disadvantaged and 'hard to reach'.
- Having specialist knowledge and experience that statutory services may not, as well as being better placed to fill gaps in provision.
- More freedom from institutional pressures so quicker to respond and more flexible in approach.
- Able to access additional resources for innovation.
- Able to be more responsive to local needs and respond quicker than statutory services.
- Able to provide economies of scale and fulfil niche markets which often provide the greatest challenges for public sector providers.

The Early Intervention and Prevention Plan has been co-produced and provides a blue print for how such services will be commissioned and procured going forward. We will move away from a focus on Sector Led provision to one that provides efficient and effective outcomes to prevent self-help. Within this we do recognise the social value of the Voluntary, Community and Faith sectors and the unique role performed allied to localism.

b. Focus on Outcomes

This approach requires a shift in practice from commissioning from volume and price to commissioning for quality and outcomes. The focus needs to move away from activities and processes to results. This change in thinking needs to be from 'how a service operates (what it does) to the good it accomplishes (what it achieves).

Outcome Based Commissioning should liberate providers to do what they do best in their local communities. This requires a level of maturity and the trust on both sides with a common understanding of what an outcome is.

Outcomes are the tangible and meaningful changes, benefits, learning or other effects that happen as a direct result of the activity/support provided e.g.

- improved levels of independence
- improved access to services
- reduced isolation.

An *output* is the desired level of service from the provider. This is usually expressed as service availability, speed, delivery, quality, for example, the number of sessions held, the number of hours of home care, or weeks of respite care provided. An output does not measure how effective a service was in meeting someone's needs or aspirations.

An *input* is the resource invested into the product or service in order to deliver the required outputs e.g. staff, premises, equipment, etc.

c. DASS Commissioning Intentions and Rationale

Commissioning intentions have been organised into three broad categories; Universal and Preventative Services; Assessment, Enablement and Planning Services; and Specialist Care Services (definitions of each of these are found in the left hand column in each section of the table below). These broad categories mirror to a large extent the developing framework of comprehensive and complementary Commissioning Plans covering Early Intervention and Prevention, Targeted Support and Learning Disabilities.

The care pathway should focus on the important and encompassing role played by universal services in keeping people independent, healthy and reducing or delaying their need for more focussed specialist services. Stopping or delaying citizens losing their independence by the use of preventative services is key to the screening and assessment process. For those needing specialist support, the planning, delivery and review of services is an important person-centred process, with a focus on enablement and tailoring services to individual needs, to achieve outcomes.

Theme	Evidence and Rationale	Commissioning Intentions	Timescales		
<p>Universal and Preventative Services</p>	<p>Early Intervention and Prevention Commissioning Plan.</p> <p>The White Paper, Caring for our Future (DH 2012), focuses on the importance of preventative services, postponing and minimising the need for formal care and support.</p>	<p>To commission a broad range of universal, preventative services to improve and maintain the health and wellbeing of citizens through –</p> <ul style="list-style-type: none"> • Information and advice • Advocacy • Carers related support services • Direct Payments Advice and Support service • Volunteering/befriending 	<p>VCAW and Sector Engagement – June/July 2013.</p> <p>Service Specifications formulated – July 2013.</p> <p>Procurement and Market Testing – September/December 2013.</p> <p>New Contracts Let – December 2013.</p> <p>Transition to implementation – January/March 2014.</p> <p>Efficiencies Planning/Implementation – December 2013/January 2014.</p>		
<p>Assessment, Enablement and Planning Services</p>	<p>Enablement services will deliver benefits associated with reducing demand for intensive care and support packages by helping people learn or relearn skills that increase their independence.</p> <p>Comparative performance benchmarking indicates that the market for care in Wirral is weighted towards admissions to permanent</p>	<p>The Transformation Agenda will seek to make better use of available resources and build market capacities through procurement and market testing allied to –</p> <ul style="list-style-type: none"> • Domiciliary Care Support Services. • Intermediate Care Services that includes a range of residential, enablement and rapid response services able to step people up and down in terms of their needs to realise and maximise potential for independent living with tailored support services. • The ability to support those at the end stages of life. • Consideration of the support required by those suffering with a range of dementias. <p>In relation to the current</p>	<p>Provider Engagement Forum – May 2013.</p> <p>Service Specifications formulated – June/July 2013.</p> <p>Procurement and Market Testing – July/September 2013.</p> <p>New Contracts Let – October 2013.</p>		

	<p>residential care solutions. We equally have performance information that evidences that when people are able to access reablement and rehabilitation services that they are able to return home.</p> <p>The council spends a large proportion of the adult social care budget on bed based provisions.</p> <p>There is a need for an integrated approach with health commissioners to jointly develop Intermediate Care services to avoid unnecessary placements in residential and nursing care homes.</p>	<p>Residential and Nursing Care Home sector, we will seek to profile capacity across the sector to respond to demographic trends.</p> <p>We will also seek to develop more Extra care Housing capacity and in the interim we will market test existing contracts to ensure value for money and best use of available resources.</p>	<p>Fee Setting Sector Engagement completed to enable Cabinet Reporting and Recommendation – July 2013.</p> <p>Extra care Housing bid submitted to DOH to secure capital funding – April/May 2013.</p>	
<p>Specialist Care Services – are purchased to meet people’s intensive care and support.</p>	<p>The increasing life expectancy of the population brings with it increases in complexity of people with a range of disabilities, together with</p>	<p>The Council is embarking upon an extensive programme of review to ensure the best use of resources. This involves the transformation of Learning Disability Day Services and market testing to develop a framework of day opportunities.</p> <p>We will also seek a framework for day opportunities for older people</p>	<p>Day Services Transformational Programme – April 2013 to March 2016.</p> <p>Transformation and re-</p>	

	<p>growing numbers suffering from different forms of dementia.</p> <p>In relation to Learning Disability Services spend whilst we are broadly in line overall with the national and regional spends, 31% compared to 30%, the way we deploy resources within this overall figure is at significant variants in a number of service areas.</p>	<p>and those mental health needs.</p> <p>We will review and market test Supported Living Services to ensure value for money and a range to meet demographic needs.</p> <p>We will determine whether the current Shared Lives Service for adults with Learning Disabilities should be market tested or alternative options explored.</p> <p>We will also profile young people in transition from Children and Families Services to Adults to develop cost effective outcomes that maximise potential for community based living options.</p> <p>We will also review those people currently place out of our borough to determine, with their agreement whether we can implement local solutions to meet their needs.</p> <p>Respite services will be commissioned through a framework arrangement, to facilitate the development of alternative models of respite provision that offer a variety and choice to people beyond traditional based services.</p> <p>Direct Payments – the Council wants to support citizens to purchase their own care services direct with providers and will seek to develop a Direct Payments Advice and Support Service.</p>	<p>provision of day opportunities procured through a Framework Agreement procured – October 2013 – December 2014</p> <p>Supported Living Services Market Testing and Procurement – October 2013.</p> <p>Options Appraisal Completed and presented to DASS SLT – May 2013.</p> <p>New position implemented – August 2013.</p> <p>Transition Profile implemented – July 2013.</p> <p>Review completed and outcomes implemented – October 2013.</p> <p>The Commissioning Framework will reflect the redesign process allied to existing respite care provision and will be in place by December 2013.</p> <p>Service Specification formalised June 2013.</p> <p>Procurement and market testing July/August 2013.</p> <p>Contract let October 2013.</p>	
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Key Dates

The above key themes form the basis of a challenging work programme which is part of the Council's three years programme of changes. The above planned actions summarise the current in year programme of changes linked to the overall Council budgetary position and that the Market Position Statement will be reviewed annually. In summary we will seek to reverse the current trend and reduce the reliance on state funded residential care. However whilst we wish to see this form of care used far less, we also recognise the importance of this sector and the need to engage to ensure it is balanced and providing quality care and therefore fee levels are important. We will work with the sector to progress this agenda and the demographic implications allied to both older people and vulnerable adults.

This approach will run hand in hand with a reshaped and expanded domiciliary care market that facilitates enablement, reablement and intermediate care to respond appropriate and timely to people's needs by maximising potential for independent living. Extra care housing is an important component but we recognise such resources take time to commission and development and also require capital monies.

Whilst these themes are primarily focused upon older people's needs as indicated we will also during this financial year undertake extensive changes to Learning Disabilities Services. These are captured within the Learning Disabilities Commissioning Plan and include Day Services, Residential Respite Care Services, Supported Living Services and a review of High Cost bespoke specialist services.

5. References

- 1 Wirral Joint Strategic Needs Assessment
- 2 Howse K (2006). *Increasing Life Expectancy and the Compression of Morbidity: A Critical Review of the Debate*. Oxford Institute of Ageing. July 2006, Working Paper Number 206.
- 3 Porteus J (2011). *Living Well at Home*. All Party Parliamentary Group on Housing and Care for Older People. Counsel & Care
- 4 NHS Information Centre (2010), Hospital Episode Statistics HES (admitted patient Care) England 2009/10.
- 5 Forder J (2007) *Self-funded social care for older people: an analysis of eligibility, variations and future projections*, PSSRU Discussion Paper 2505, PSRU and CSCI.

6. Useful Links

- <http://www.sharedlivesplus.org.uk>
- www.pansi.org.uk
- www.poppi.org.uk
- www.eac.org.uk